

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

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10/748,128

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51		1			
2						52			1		
3			2			53			1		
4			2			54			1		
5			2			55			1		
6			1			56			1		
7			1			57			1		
8			1			58			1		
9			1			59			1		
10			1			60			1		
11			1			61			1		
12			1			62			1		
13			1			63			1		
14			1			64			1		
15			1			65			1		
16			1			66			1		
17			1			67			1		
18			1			68			1		
19			1			19					
20			1			20					
21			1			21					
22			1			22					
23			1			23					
24			1			24					
25			1			25					
26			1			26					
27			1			27					
28			1			28					
29			1			29					
30			1			30					
31			3			31					
32			3			32					
33			3			33					
34			1			34					
35			3			35					
36			3			36					
37			7			37					
38			1			38					
39			2			39					
40			2			40					
41			2			41					
42			2			42					
43			1			43					
44			1			44					
45			1			45					
46			1			46					
47			1			47					
48			1			48					
49			1			49					
50			1			50					
TOTAL IND.						TOTAL IND.		14			
TOTAL DEP.						TOTAL DEP.		71			
TOTAL CLAIMS						TOTAL CLAIMS		85			